

STATE OF GEORGIA
COUNTY OF _____

Personally appeared before me, the undersigned officer, duly authorized by law to administer oaths, _____(Doctor) who under oath states as follows:

That _____ is a patient under my care, and that he/she is being treated for _____.

That _____ (patient) is in need of constant custodial care, and further that _____ (juror) is the **only person** who can provide this custodial care, with the exception of medical personnel.

Doctor's Signature

Sworn to and subscribed before me

this _____ day of _____, 19____.

Notary Public

My Commission Expires: _____

Juror Signature

Date of Jury Service: _____ Juror Number: _____